

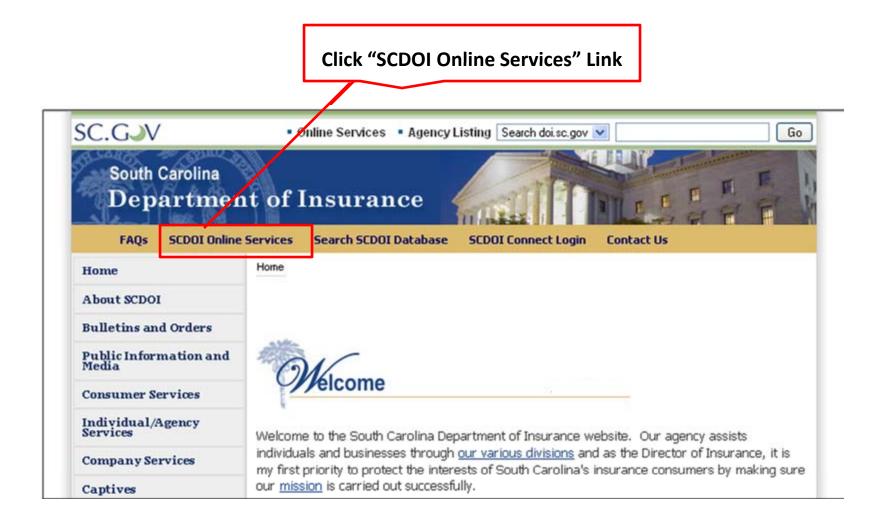
South Carolina Department of Insurance



Company Online Tax Filing
Instructions and Demonstration



SCDOI Home Page



South Carolina Department of Insurance

SC DOI Online Services

SCDOI Online Services SCDOI Connect Login General Public → Search SCDOI Database → Apply for License(s) → Apply for Non-Resident License → Generate Certificate of Authority / Letter of Clearance for Individuals → CE Sponsor Application → Print Licenses → Renew/Reinstate Individual License(s) - excludes Bondsmen Licenses → Producer License Renewal Requirements Registered Individual Users → Update Individual Demographics → Apply for License(s) → Apply for Non-Resident License → Change Password → Update Secret Questions → **Generate Certificate of Authority → **Print License → Renew Bondsmen License → Renew Individual License(s) - excludes Bondsmen Licenses Registered Company Users → Update Company Demographics → Update Supplementary Address → ***Apply for Producer Licenses → ****Pay for Producer Licenses → ***2010 Appointment Renewals → ***Company User Account Maintenance → Change Password → Appoint Surety Bondsman → Update Secret Questions → Renew Company License Click File Annual Tax Return → File Annual Tax Return



SCDOI Connect Login Page



After entering your user id and password, click Login.

SCDOI Connect Welcome

Login Successful	Back to Main Menu Logout
Welcome User FARME07540	
You have successfully logged into the South Carolina Department of Insurance web application! registered users are now accessible in your menu bar.	Menu items available only to
Please remember that your password is CONFIDENTIAL and should not be shared with any Department holds all registered users responsible for their own user accounts and any data maccounts.	
What would you like to do now?	
Update Company Demographics	
Update Supplementary Addresses	
User Account Maintenance	
Change Password	
Update Secret Questions	
Apply for Producer Licenses	
Pay for Producer Licenses	
Appoint Surety Bondsman	
File Annual Tax Return	

Click File Annual Tax Return

Terms of Use

Company Tax - Terms of Use for Online Tax Filing Application

Back to Main Menu Logout

Terms of Use Agreement

Welcome to the South Carolina Department of Insurance Online Tax Filing Application!

This is an online tax filing application designed to accelerate the tax filing process. This application is for filing insurer fee and premium taxes. Please read carefully the terms of use and instructions given below. You must agree that you have read, understood, and agreed to all terms, conditions, and fees before continuing with the tax filing process.

THIS IS A LEGAL AGREEMENT BETWEEN YOU ("USER") AND THE STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE (referred to as "SCDOI" herein). BY CLICKING ON THE AGREE BUTTON OR USING THE SERVICES PROVIDED HEREIN, USER IS CONSENTING TO BE BOUND BY AND IS BECOMING A PARTY TO ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY BEFORE ACCEPTING ITS TERMS.

Terms of Use

A. Legal Information

- User shall be the person whose name appears on the tax return or an officer, director, principal, partner, or authorized representative of the business entity on whose behalf the tax return is filed.
- 2. User shall use "SCDOI Connect" for personal and non-commercial use only. Except as otherwise specified herein, USER shall not modify, copy, transmit, display, reproduce, publish, license, create derivative works from, transfer, sell or otherwise distribute any information, software, products, or services obtained from SCDOI CONNECT. USER shall not decompile, disassemble, reverse engineer or otherwise attempt to derive the source code of any information or products obtained from "SCDOI CONNECT." USER may copy, distribute, and transmit the tax return filed with SCDOI to its officers, directors, principals, partners, agents, consultants, contractors, employees, majority-owned subsidiaries and affiliates for internal use only. USER may copy, distribute and transmit the tax return filed with SCDOI to federal and state government officials for purposes of compliance with federal and state laws.

Terms of Use Continue

3. If using an outside vendor to file its tax return, USER agrees to assign a new user id and password, other than the previously issued user id and password from the Department, to an outside vendor. However, this assignment of the new user id and password is for the sole, exclusive purpose of filing tax returns and related information with the Department. Any misuse of the new user id or password is an issue to be resolved between the vendor and the company. The user agrees not to hold the Department liable for any damages caused by the outside vendor's use of the user id or password.

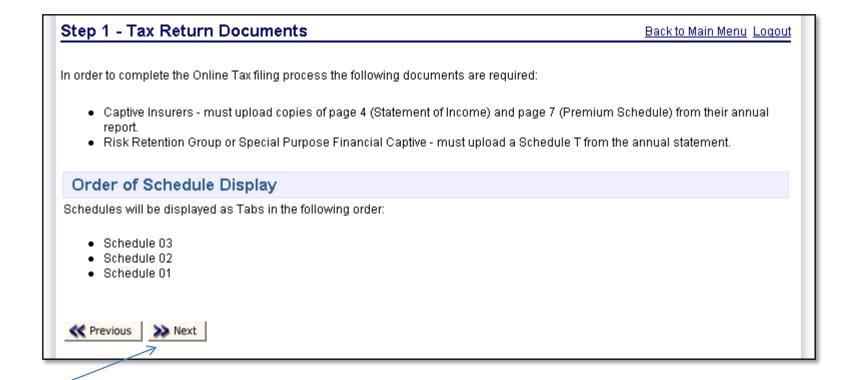
Agreement

I acknowledge that I have read all terms and instructions outlined above and that I agree to all conditions stated therein.



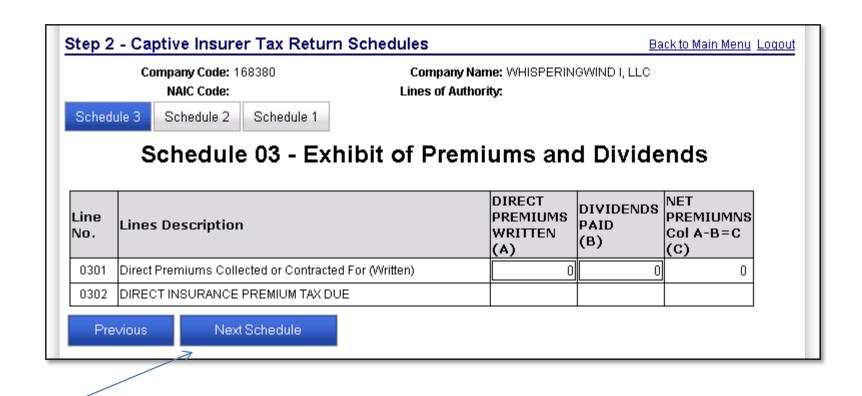
Click I Agree.

Tax Return Document Checklist



Click Next

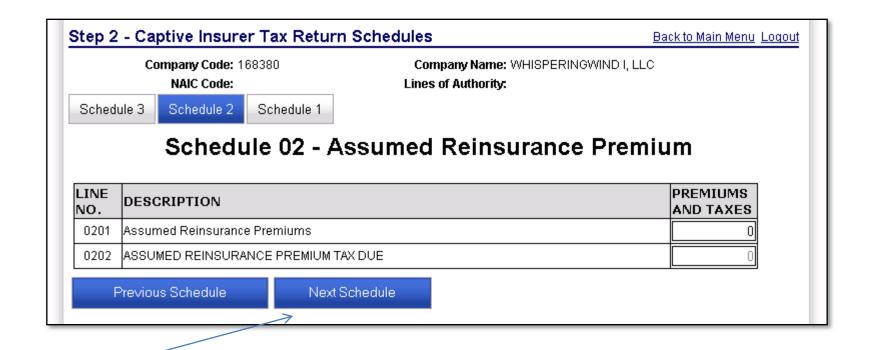
Tax Return Schedule 03



Click Next Schedule

Lines 0301 and 0201 must be entered by the user and the system will calculate lines 0202 & line 0302.

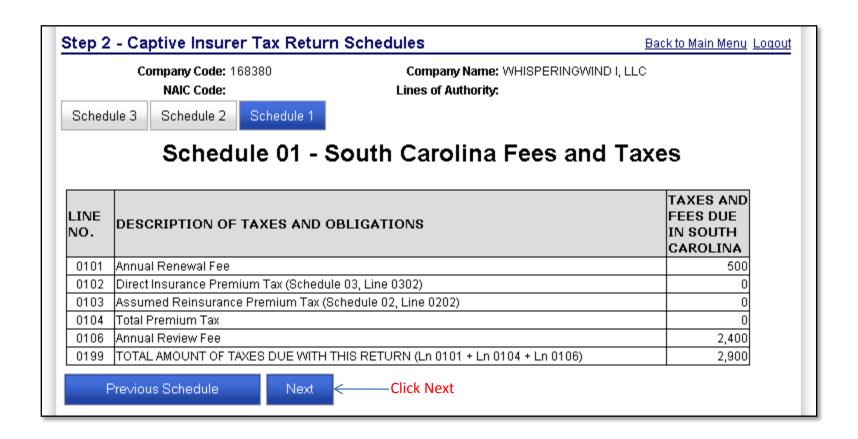
Tax Return Schedule 02



Click Next Schedule

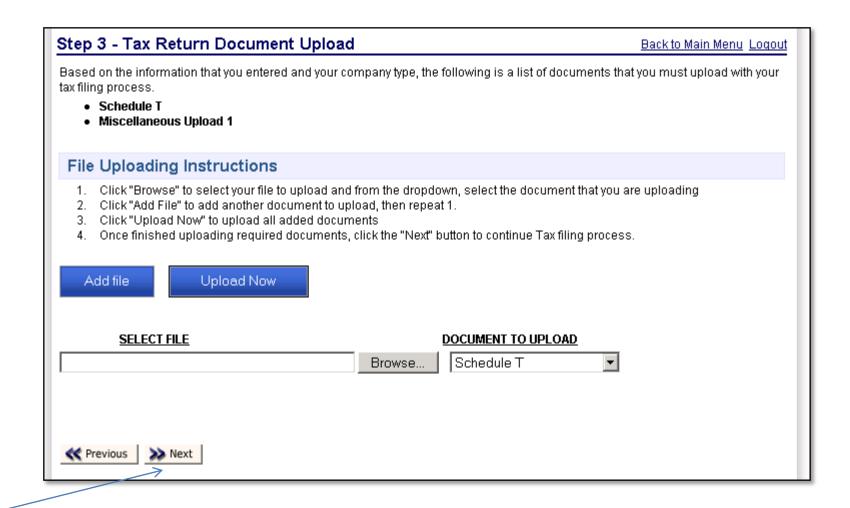
Lines 0301 and 0201 must be entered by the user and the system will calculate lines 0202 & line 0302.

Tax Return Schedule 01



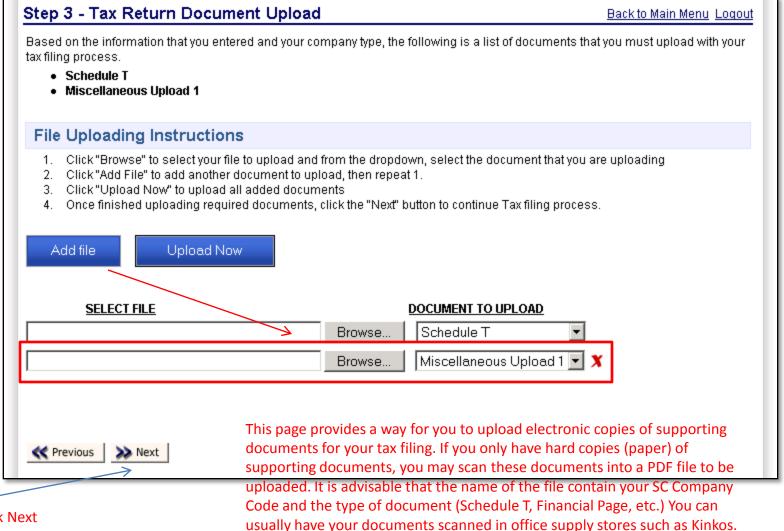
Lines 0101-0199 will be calculated by the system.

Tax Return Document Upload



Click Next

Tax Return Document Upload Continue



Click Next

Tax Return Attestation

Step 4 - Tax Return Attestation	Back to Main Menu Logout
We, the undersigned officer of the insurer and person preparing this form for the above refor himself deposes and says that this return, including any accompanying schedules a and is to the best of his knowledge, information and belief, a true and correct return, may applicable parts, for the taxable year stated, pursuant to the laws of the State of South Ca	nd statements has been examined by him, de in good faith and complete in all
*Officer of the Insurer:	
*Officer Title:	
*Officer Email Address:	All fields marked by an
*Officer Phone Number: (### #####)	asterisk are required.
*Preparer Name:	
*Preparer Email Address:	
*Preparer Phone Number: (### #####)	
✓ Previous ✓ I Agree	

Click I Agree

Tax Return Invoice

Tax Return Invoice Backto Main Menu Loqout

This page is the invoice associated with your online tax filing with the South Carolina Department of Insurance. You should print two copies of this page via the Printer Friendly option and retain a copy for your records. Please remit the other copy with your check made payable to the South Carolina Department of Insurance at the following address:

South Carolina Department of Insurance 1201 Main Street, Suite 1000 Columbia, SC 29201

Only one check should be submitted per company. The Department must receive your check by March 1st, 2011.

Company Name: FARMERS MUTUAL FIRE INSIASSN OF FAIRFIELD COUNTY

SC Company Code: 101265

State of Domicile: 80

Tax Preparer: Jane Doe

Tax Preparer Email: jd@mail.com

Amount Due: 4,391

Invoice Date: 02/07/2011

If you are paying by check, remit the check with a copy of this

invoice. If you are paying by credit card, click Proceed to

Payment.

If your tax liability is \$100,000 or greater, you **cannot** pay by credit card.

Previous

Proceed To Payment

Select Payment Method



Back to Main Menu Logout

Total Amount Due

Paying by Credit Card: \$91,993.74 (\$1,537.74 processing fee + \$1.00 portal fee)

Please select your Payment Method.



 $Please \ note, when \ paying \ with \ credit \ card \ there \ will \ be \ a \ 1.70\% \ processing \ fee \ added \ to \ your \ total \ amount \ plus \ \$1portal \ fee.$



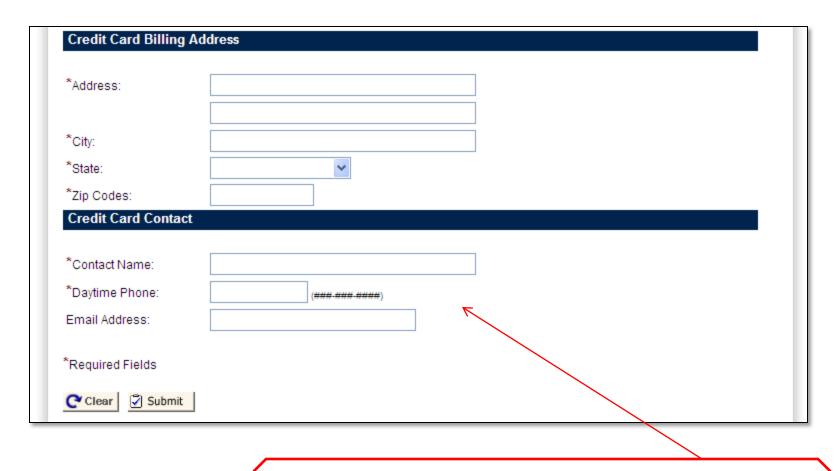
Credit Card Payment Method

	Caveholder Name Aprivation in Aprivation Line Signed WISA Aprivation Line Signed Aprivation Line Signed SAT	All fields marked by an asterisk are
Transaction Amount:	\$407.80	required.
*Card Type:	Visa	
*Name on Credit Card:		
*Credit Card Number:	(No Spaces)	
*Expiration Date:	1 🗸 2010 🗸	
*Card Security ID:		

Enter your credit card information in the fields below.



Credit Card Payment Method (continue)



Enter the Credit Card Billing and contact information in the fields provided, then click "submit".



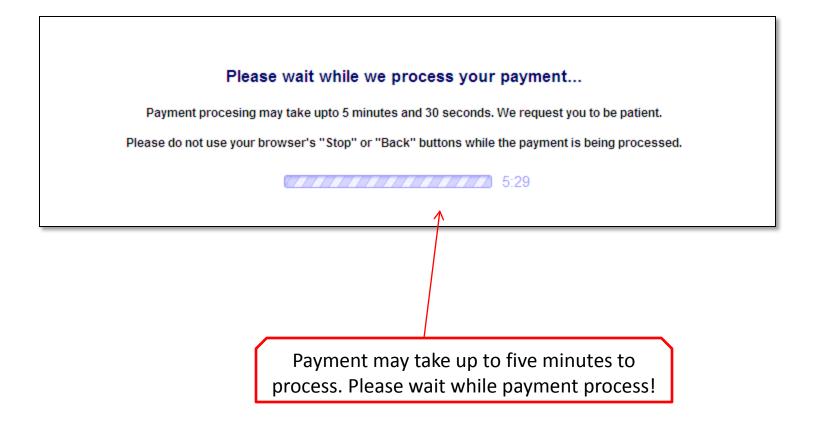
Credit Card Payment Method (continue)

After clicking the "Authorize" button, do not close your browser until you receive confirmation that your payment has been processed. In the rare event that you do not receive confirmation, please contact the Department of Insurance at 803-737-6095. Amount: \$407.80 Name on Credit Card: Jane Doe Credit Card Type: Visa Credit Card Number: 4111111111111111 Security Number: 541 Expiration Date: 09/10 Daytime Phone: 854-965-4485 Address: 123 Jane Doe City: adfadf State: SC Zip Code: 15263 Daytime Phone: 854-965-4485 By clicking "Authorize", I authorize the South Carolina Department of Insurance to debit the Transaction Amount shown above from the credit card identified. X Change Authorize

After clicking "Authorize" Do NOT close your browser until you receive confirmation that your payment was processed.



Credit Card Payment Method (continue)



Tax Return Confirmation

Confirmation Back to Main Menu Loquut

This page is your receipt for your online tax filing with the South Carolina Department of Insurance. When paying by credit card, your credit card statement will reflect a charge in this amount from SC.GOV. You should print this page via the Printer Friendly option and retain for your records.

Company Name: FARMERS MUTUAL FIRE INSIASSN OF FAIRFIELD COUNTY

SC Company Code: 101265 State of Domicile: 80

State of Domicile: SC Tax Preparer: Jane D

Tax Preparer: Jane Doe
Tax Preparer Email: jd@gmail.com

Refund Amount Due Insurer: (\$1,081.00)

SCDOI Receipt Number: N/A
Payment Reference Number: N/A
Amount Paid to SCDOI: N/A
Miscellaneous Charges: N/A
Payment Method: N/A

Date Received: N/A

Document List: